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CONFIRMATION NO. 5226

<b>SERIAL NUMBER</b> 10/753,118	<b>FILING OR 371(c) DATE</b> 01/07/2004 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> CTI-configur
<b>APPLICANTS</b> Timothy R. Littlefield, Goodyear, AZ; Jeanne K. Pomatto, Scottsdale, AZ; <b>** CONTINUING DATA **</b> <i>DM</i> This application is a CIP of 10/385,307 03/10/2003 PAT 7,162,075 <b>** FOREIGN APPLICATIONS **</b> <i>DM</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 04/13/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>DM</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> AZ	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 55
		<b>INDEPENDENT CLAIMS</b> 6		
<b>ADDRESS</b> DONALD J LENKSZUS, PC PO BOX 3064 CAREFREE, AZ85377-3064				
<b>TITLE</b> Automatic selection of cranial remodeling device configuration				
<b>FILING FEE RECEIVED</b> 894	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	